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Convention on the Elimination of All Forms of Discrimination against Women

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Committee on the Elimination of Discrimination against Women

Concluding observations on the combined seventh and eighth periodic reports of the Philippines

Addendum

Information provided by the Philippines in follow-up to the concluding observations*

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* The present document is being issued without formal editing.

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1. This report is in response to the Committee's request for the State to provide, within two years from 2016, information on the steps it has undertaken to implement priority recommendations:

A. Adoption of a Comprehensive Anti-Gender-Based Violence (GBV) Law

2. The issue of GBV is too broad to be contained in one law. Each form of violence has its specific set of elements and nuances that require certain modes of redress/ penalties already provided for in existing laws and policies.

3. The State expresses reservation in adopting a single comprehensive Anti-GBV legislation because separate/individual laws covering various forms of GBV are already in place (Annex 1). Instead, the State prefers to improve the implementation of existing GBV statutes, and to amend and/or repeal any discriminatory provisions.

4. In the meantime, there are other GBV/women rights-related bills pending in the Philippine Congress (Annex 2).

5. Nonetheless, the State seeks the advice of the Committee regarding its rationale for laying down this recommendation. If the Committee can provide guidance on the purpose and proper codification of existing VAW laws into an omnibus law, the State may reconsider the value of this recommendation.

B. Expediting the Amendment of the Anti-Rape Law

6. Bills amending the Anti-Rape Law are pending in Congress. Work on these bills are facilitated not only by the congressional committees concerned, but through advocacy mechanisms, such as the Women's Priority Legislative Agenda of the Philippine Commission on Women (PCW) and ad hoc groups, such as the multi-stakeholder Technical Working Group on Increasing the Age of Statutory Rape spearheaded by the Council for the Welfare of Children.

C. Sexual and Reproductive Health Concerns

Institutional and Policy Framework

Ensuring women's access to services and effective methods of family planning; and enforcing MCW, and the RPRH Law, upon disposal of constitutional challenges

7. The State ensures women's access to contraceptives that are part of the Essential Medicines List by the World Health Organization.

8. Access to and effective delivery of family planning (FP) services and methods are reinforced by relevant State actions, such as:

- Meeting unmet needs for FP by mapping out areas to identify target beneficiaries;
- Ensuring informed and voluntary FP through intensive community-based demand generation and referral activities, mobile vehicles for FP outreach, adolescent and youth health and development strategies; and a Focal Point System for the Philippine Action for the Acceleration of Family Planning (FP 2020);
- Capacitating and mobilizing operational structures to address FP concerns, such as training of health providers on FP competency, including allowing midwives

and nurses to perform life-saving procedures and provide progestin subdermal implants; and guaranteeing continuum of services from primary health facilities to referral hospitals;

- Procurement and distribution of FP commodities to Department of Health (DOH) regional offices and government health facilities, and tracking FP commodity stock status at service delivery points through the FP Hotline;
- Engaging and collaborating with civil society organizations (CSO) and the private sector.

9. The Responsible Parenthood and Reproductive Health (RPRH) Law continues to enable women's access to a broad range of contraceptive methods.

10. The Philippine Supreme Court clarified that its Temporary Restraining Order (TRO) on FP commodities dated 2015 only covered Implanon and Implanon-NXT and did not cover the processing of other FP supplies which are non-abortifacient. The TRO was not meant to restrain the implementation of the RPRH law.

11. The DOH's compliance to the Supreme Court ruling, i.e., its due process requirements for certification/recertification of contraceptives as non-abortifacient, has effectively rescinded the TRO.

12. To further operationalize the provision of the RPRH Law, specific to the equal treatment of both natural and artificial methods of contraception for the poor and marginalized, a National Policy for Modern Natural Family Planning Methods was developed.

Timeframe for the review of discriminatory laws on reproductive health

13. The State cannot commit to a fixed timeframe for the passage or amendment of laws, as well as repeal of provisions in the law, as legislative actions are beyond the control of one branch of Government. Democratic process entails that these actions require all necessary consultations by the State with stakeholders concerned. Nonetheless, lobby for the passage of bills protecting women's sexual and reproductive health rights (Annex 3) remains strong.

Ensuring that Executive Orders 003 and 030 are officially revoked

14. As reported by the State during the 2016 CEDAW Constructive Dialogue, Executive Orders 003 and 030 were officially revoked with the enactment of the RPRH Law. There is no necessity in further declaring void what is already ineffective. The City of Manila implements the RPRH Law and provides modern natural and artificial FP services and commodities.

Decriminalizing abortion in cases of rape, incest, threats to the mother's life/health, or serious malformation of fetus

15. Discussions on decriminalizing abortion under certain circumstances are on-going. In the meantime, the RPRH Law directs the government to ensure that all women needing care for post-abortion complications are treated and counselled in a humane, non-judgmental and compassionate manner. It also recognizes that there are medical indications for abortion performed in extreme situations when the life of a woman is at risk.

16. The National Policy on the Prevention and Management of Abortion Complications (PMAC) that guides the provision of post-abortion care in public and private health facilities and promotes such with other reproductive health programs has been updated and issued in 2018.

17. The establishment of women and children protection units in hospitals/health offices has been included in the State's health licensing standards.

18. The State supports and participates in on-going CSO-initiated consultations/ public discussions on the decriminalization of abortion.

19. However, it must also be stressed that advocates for the rights of persons with disabilities (PWD) object to legalizing abortion even in cases when the fetus is found to be seriously malformed as this goes against the principles of non-discrimination, respect for difference, and acceptance of PWD as part of humanity/human diversity, in keeping with the United Nations Convention on the Rights of PWD.

Reinforcing the Philippine Commission on Women (PCW), by strengthening its mandate (including on reproductive health), visibility, and its human, financial and technical resources

20. In 2016, the PCW was granted additional 21 positions in its organization with corresponding increase in its budget.

21. There are on-going discussions for the establishment of five regional PCW offices and to create permanent Gender and Development Units in more government agencies.

22. The PCW is a member of the RPRH-National Implementing Team (NIT) composed of government agencies and CSOs that meets twice a month to ensure the effective operationalization of the RPRH Law down to the grassroots level.

23. The PCW is part of other inter-agency mechanisms supporting the RPRH law, such as the Inter-Agency Council on Violence Against Women and their Children (IACVAWC), Inter-Agency Council Against Trafficking (IACAT), and the Technical Working Group on Increasing the Age of Statutory Rape (TWG on IASR).

24. The PCW monitors the GAD budget allocation and expenditure of government agencies to ensure that the GAD budget of concerned agencies whose mandates pertain to health, including sexual and reproductive health (SRH), are effectively utilized to strengthen women's access to SRH commodities and services.

Broadening the Commission on Human Rights (CHR)'s mandate to allow it to receive complaints and provide remedies for violations of women's rights

25. Unlike courts, the CHR does not provide legal remedies because it is not within its constitutional mandate to act as a quasi-judicial agency. The same would also run counter to their function as an independent body.

26. As Gender Ombud, the CHR conducted a National Inquiry on the RPRH Law Implementation in 2016 which involved fact-finding missions and public hearings in five cluster areas in the country, producing 30 recommendations for action by the three branches of the government and by local government units (LGUs).

Establishing effective monitoring and oversight mechanisms to ensure that reproductive health-related legislation and policies comply with the Convention and Strengthening coordination and reporting mechanisms

27. An "Executive Order 12 Monthly Reporting Matrix" is used by key stakeholders including government agencies, LGUs and CSOs concerned in monitoring and submitting accomplishment reports on the RPRH Law implementation.

28. The DOH confers the Purple Ribbon Award to LGUs that properly implement the RPRH Law.

29. The Department of Interior and Local Government (DILG) launched the LGU Scorecard which gauges the performance of LGUs in attaining the United Nation's Sustainable Development Goals.

Removing barriers in access to justice and ensuring that courts adjudicate cases involving women's SRH rights without undue delay

30. The 2017 Revised Guidelines for Continuous Trial of Criminal Cases was issued to significantly streamline the criminal litigation process.

31. The Supreme Court's Enhanced Justice on Wheels (EJOW) Program delivers accessible justice to local communities. Disputants are provided with makeshift court facilities in EJOW buses and free services of judges, prosecutors, mediators, clerks and lawyers. The program also includes jail and docket decongestion, court-annexed mediation, free legal aid to inmates, and information dissemination for barangay (village) officials.

32. The Department of Justice (DOJ) and the Supreme Court have introduced the use of anatomically correct dolls to aid in the prosecution and trial of GBV and sexual abuse cases against children.

33. The Supreme Court organized, along with designated trial courts, Statutory Family Courts that will have jurisdiction over cases of domestic violence against women. One of this court's features is the use of live-link equipment if it has been deemed that the woman-victim would suffer further trauma if she were to testify in the presence of the offender.

Ensuring that the CEDAW, MCW, and RPRH Law are integrated in the training of judges, lawyers and prosecutors

34. The State's regular trainings to enhance gender-responsiveness of court officers and prosecutors cover subjects such as basic concepts and gender sensitivity, use of gender-fair language, avoidance of gender discrimination in court decisions, laws relating to women's rights, handling cases involving children, multidisciplinary approaches in handling GBV cases to ensure holistic response, and human rights-based approach in the investigation and prosecution of GBV cases. Details are presented in Annex 4.

35. Surveys of court decisions and issuances were conducted to determine gender sensitivity and responsiveness of the courts, and the effectiveness of the aforesaid trainings.

Ensuring that policies/legislation prioritize protection of women's health rights over discriminatory religious postulates

36. See paragraphs 7, 10, and 13 for related discussions.

37. There are efforts to address gender and cultural/religious barriers to family planning use specific to the Autonomous Region of Muslim Mindanao (ARMM).

38. The State, through the DOH-ARMM, continues to engage Muslim religious leaders in shaping positive behaviours among Muslim males in mainstreaming moderate views on health and family planning in the context of birth spacing and protecting women's health. A team of these leaders composed of local imams and a'immah has been capacitated and organized as expert resources in community mobilization sessions.

Sexual and Reproductive Health Rights and Services

Addressing the unmet need for contraception; expanding the public health insurance system to cover costs of modern contraceptive methods

39. There is decreasing trend in unmet need for FP among currently married women, from 30% in 1993 to 17% in 2017. The percentage of currently married women using modern contraceptive methods increased from 25% in 1993 to 40% in 2017. The demand for FP that is satisfied with modern contraceptive methods likewise increased from 35% in 1993 to 57% in 2017. The highest source of modern contraceptive methods comes from the public sector, specifically at the Barangay (village) Health Stations.

40. More women are now using modern FP methods over traditional methods. Use of traditional methods slowly declined from 18.3% in 1998 to 17.5% in 2013, dropping significantly to 13.9% in 2017. This reflects the State's successful efforts in educating women on the use of more effective contraceptive methods.

41. The Philippine Health Insurance Corporation (PhilHealth) covers the costs of modern contraceptive methods. Benefit payment for RPRH-related services steadily increased in the last four years from PhP11.3 billion in 2014 to PhP23.8 billion in 2017, higher by 15% to 2016 payments. Furthermore, there were more PhilHealth-accredited facilities that provided RPRH services in 2017: 763 public hospitals and infirmaries; 2,455 Primary-Care-Benefit providers in cities/municipalities; and 3,243 public and private Maternity-Care-Package providers.

42. Bills addressing the needs of adolescent girls were filed calling for the (a) lowering of the minimum age from 18 to 15 years old to avail of HIV testing and counselling without the need for parental consent, (b) preventing adolescent pregnancy, and (c) strengthening the national and local health and nutrition programs for pregnant and lactating women, adolescent girls, teenage mothers, infants, and young children in the first 1,000 days.

43. Policy measures to expand adolescents' access to services were issued, covering the following concerns:

- Nationwide adoption of the "Clinical Practice Guidelines for the Prevention, Diagnosis and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents in the Philippines";
- Development by the Council for the Welfare of Children of the Protocol on the Provision of Proxy Consent for HIV-Testing Services of Children Vulnerable/at Risk of HIV;
- Defining the levels of standards for Adolescent Friendly Facilities in educational institutions;
- Adoption and dissemination of the Adolescent Health and Development Program Manual of Operations to program managers and implementers;
- Updating of the Department of Education's K-12 curriculum to meet the Comprehensive Sexual Education Standards.

Ensuring that non-biased and rights-based counselling and information on sexual and reproductive health services are provided

44. In conducting demand generation activities to increase access to modern FP services, the State mobilized its health workers, population workers, and community volunteers to conduct Responsible Parenthood and Family Planning (RPFP) classes, identify couples and individuals with unmet need for modern FP, and refer clients to

the nearest facilities to avail their preferred FP method. There have been 93,124 RPFP classes conducted and attended by approximately 1.2 million participants.

Reintroducing emergency contraception

45. The RPRH Law restricts procurement and distribution of emergency contraceptive pills by the DOH, but such restriction does not apply to NGOs and private providers. The 2014 Clinical Practice Guidelines on Family Planning of DOH includes guidelines on the clinical use of emergency contraceptive pills. The Yuzpe method of emergency contraception is available for women in crisis situations, e.g., women who were raped.

Ensuring that systematic training on SRH is provided to health-care professionals; monitoring the adequate funding therefor

Capacity-building on FP programs remains one of the DOH's major interventions, along with LGU initiatives and assistance from developmental partners.

46. As of December 2017, 992 LGUs have trained public health providers on Family Planning Competency-Based Training (FPCBT) Level I, while 205 LGUs have trained private FP providers. On the other hand, 379 LGUs have trained public providers on FPCBT Level II totalling to 2,379 personnel, while 147 LGUs have 412 FPCBT Level II-graduates who are private practitioners. Priority was given to increase the number of facilities, particularly hospitals, and of providers trained on the FPCBT Level II.

Providing women with access to high-quality post-abortion care in public health facilities; ensuring that women experiencing abortion-related complications are not threatened, reported to police, or subjected to discrimination and/or delays/denials in access to care

47. See paragraphs 12–13 for related discussions.

48. The 2018 PMAC Guidelines mandates all primary health care facilities to have a designated room for counselling services and a staff well-trained to counsel clients on all health concerns, including those with unwanted pregnancies. The counselling rooms shall adopt audio-visual privacy standards to ensure confidentiality.

Establishing a regulatory framework/mechanism for the practice of conscientious objection by individual health professionals

49. The State, through a DOH Administrative Order, provides standards and management protocols for the registration and mapping of conscientious objectors and health facilities exempt from providing full range of RH services.

Ensuring that local government units establish health-care protocols/procedure and complaint mechanisms to prevent/sanction abuse and discrimination against women

50. The LGUs, in partnership with the DOH, have guidelines for handling complaints filed by any person against government health employees for cases of abuse and/or discrimination. The guidelines complement relevant civil service rules governing government workers.

Integrating age-appropriate education on SRH into school curricula, including comprehensive sex education, prevention of early pregnancies, STDs, HIV/AIDS

51. The State, through the Department of Education (DepEd), has established a common understanding of the comprehensive sex education (CSE) key concepts and messages to ensure clear alignment with the K-to-12 Basic Education Curriculum.

52. The Adolescent Health and Development Program, a component of the Philippine Population Management Program, seeks to improve the total well-being of adolescents. The program's aims for 2017–2022 are as follows:

- Reduce by half the proportion of adolescents aged 15–19 who have begun childbearing;
- Reduce by half the number of pregnancies among adolescents aged 10–14;
- Reduce by half the proportion of repeat pregnancies among adolescents who have begun childbearing.

53. The State implements demand generation and advocacy strategies with key NGO and CSO partners in the following programs:

- Development of training tools for adolescents, e.g., Sexual Health and Personally Effective (SHAPE) Adolescent Modules;
- U4U: Youth-for-Youth Initiative;
- Parent Education on Adolescent Health;
- Policy Research;
- Information and Service Delivery Network;
- National Population Quiz;
- Adolescent Health-and-Development Independent Film Festival.

54. See Annex 5 for details.

Conducting education campaigns to enhance awareness on SRH rights and services

55. The State integrates awareness on SRH rights in certain critical programs, such as the Universal Health Care Program, Conditional Cash Transfer (CCT) Program, and the Responsible Parenthood and Family Planning (RPFP) Program. Under the RPFP alone, some 93,124 classes were conducted by the State and attended by approximately 1.2 million participants. Likewise, in 2017, 83%, or 233,792 of 282,254 women of reproductive age with unmet need for modern FP identified through the CCT program were referred to and served at various health facilities by FP-service providers.

Seeking technical/financial support from international community; strengthening collaboration with CSOs to enhance women's access to SRH services

56. Mechanisms for the provision of quality SRH services in selected health facilities were developed by the DOH with assistance from development partners.

57. Pursuant to the RPRH Law and its monitoring by the State, several implementing guidelines were issued by agencies, recognizing/encouraging further the assistance, participation and contribution of CSOs.

58. As a result of the State's encouragement for CSOs to continuously engage on advocacy on health governance, CSOs were capacitated on demand generation for Adolescent and Youth Reproductive Health (AYRH) concerns, particularly on teen facilitation to assist rural health units on AYRH activities and for link-up with service provisions. Other partnerships with CSOs cover advocacy, ASRH information, risks assessment, referral, and progress-tracking for the health and development of OSYs and young parents through outreach.

59. In support of the UN International Conference on Population and Development, FP-2020 and similar multilateral commitments, the State distributed 132,800 subdermal implants to CSO partners after the Supreme Court's TRO on implants was lifted.

60. A focal point system composed of DOH, USAID, UNFPA, and CSO works on strategies, priorities and activities toward addressing the unmet need for FP and increasing contraceptive use.

61. Technical assistance from USAID's Regional Implementing Partners has contributed to the overall accomplishment of the FP program in 2017 (Annex 6).